



CAMP RYLA 2024
CAMPER APPLICATION
Rotary Youth Leadership Awards
Summer Camp
June 17-21, 2024,
Goddard Youth Camp



District 5770
Bob Usry, PO Box 1533
Norman, OK < 73070

Rotary Club _____

RYLA Chairperson _____

RYLA Chairperson Phone (____) _____

Rotary Club Please Complete

DO NOT TAPE
OR STAPLE
PHOTO TO
APPLICATION

HEADSHOT OR
PASSPORT
PICTURE
REQUIRED

PLEASE TYPE OR PRINT CLEARLY

Full Name: _____ Current Age: _____ Current Grade: _____ Male ☐ Female ☐

Name (you wish on award): _____ Name (for name badge): _____

Address: _____ City: _____ State: _____ Zip: _____ T-Shirt Size _____

Cell Phone: (____) _____ Home Phone: (____) _____ Email: _____

Parents: Father: _____ Mother: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Secondary Phone (____) _____ Secondary Phone: (____) _____

Are you a certified lifeguard? Yes ☐ No ☐ If Yes, what agency? _____

EDUCATION: Cumulative Grade Point Average: _____ Name of School _____

• **Have any siblings attended RYLA Camp? Yes ☐ No ☐ If Yes, Name(s) _____**

• **Are either (or both) of your parents a Rotary Club member or have they been a member? Yes ☐ No ☐**

• **If Yes, Name and Club(s) _____**

• **Are you a member of Interact? Yes ☐ No ☐**

APPLICANT'S SIGNATURE _____ DATE _____

I agree to allow the camp Nurse to dispense any non-prescription medication (aspirin, Tylenol, cough syrup, etc.) to my child, if needed. IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact me. In the event, however, that I cannot be contacted, I hereby give permission to the physician selected by the Camp RYLA Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

PARENT'S SIGNATURE _____ DATE _____

ACADEMIC ACCOMPLISHMENTS: (Positions held and responsibilities undertaken)

HIGH SCHOOL SPORTS PARTICIPATION: (Number of years, levels of competition and any honors)

EXTRACURRICULAR INTERESTS, HOBBIES AND RECREATION:

WORK EXPERIENCE: (Summers/After School)

YOU MAY USE A SEPARATE SHEET TO PROVIDE THIS INFORMATION – IF IT IS HANDWRITTEN, PLEASE USE BLACK INK IN CASE COPIES ARE MADE OF THE INFORMATION